

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90035 038 \*\*\*\*61.25

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DOCUMENT # **N96000006024**

1. Corporation Name

**POINCIANA HEIGHTS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**345 FOURTH STREET SOUTH  
NAPLES FL 34102**

Mailing Address

**345 FOURTH STREET SOUTH  
NAPLES FL 34102**



2. Principal Place of Business

21 **325 FOURTH ST. SO**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 **NAPLES, FLORIDA**

City & State

28 **"**

Zip

24 **34102**

Country

25 **U.S.**

Zip

29 **"**

Country

30 **"**

3. Date Incorporated or Qualified

**11/25/1996**

4. FEI Number

**APPLIED FOR 650749210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**KANNENSOHN, JEFFREY S  
4501 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable), **FL**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **BINDER, BURTON A**  
CITY-ST-ZIP **1528 SAN CARLOS BAY DR  
SANIBEL FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **BINDER, JEANNE E**  
CITY-ST-ZIP **1528 SAN CARLOS BAY DR  
SANIBEL FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **WILLIAMS, AMELIA B**  
CITY-ST-ZIP **563 3RD ST N  
NAPLES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Richard J. Gillis, M.D.**  
1.3 STREET ADDRESS **325 4th St. South**  
1.4 CITY-ST-ZIP **Naples, Florida 34102**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **DAVID CURTIN**  
2.3 STREET ADDRESS **345 4TH ST. SO**  
2.4 CITY-ST-ZIP **NAPLES, FL 34102**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **SHARON FOX**  
3.3 STREET ADDRESS **335 4TH ST. SO**  
3.4 CITY-ST-ZIP **NAPLES, FL 34102**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard J. Gillis* 941-649-7520  
Date 1-2-99 Daytime Phone #

CR2E037 (11/98)